

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024

Non-Profit Corporation

-> Filing period: February 1 - May 1

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→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			::3 39		
1. Entity ID Number	2. Exact name of the Corporation				
001746245	Rhode Isla	and School o	of Design Part-Time Fac	culty Associ	ation
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	Develop and improve working conditions for Rhode Island School of				
4. NAICS Code	Design Part	-Time Faculty			
813930					
6. Principal Office Address	•			State	Zıp
2 College St., #2			Providence	RI	02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment					ttachment
President Name Gloria-Jean Masciarotte			Vice-President Name Ernesto Aparicio		
Street Address 2 College Street			Street Address 2 College Street		
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	Zip 02903
Secretary Name Susan Solomon			Treasurer Name Andrew Savchenko		
Street Address 2 College Street			Street Address 2 College Street		
^{City} Providence	State RI	^{Zip} 02903	^{City} Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Gloria-Jean Masciarotte			Director Name Susan Solomon		
Street Address 2 College Street			Street Address 2 College Street		
City Providence	State RI	^{Zip} 02903	City Providence	State	Zip 02903
Director Name Andrew Savchenko			Director Name		
Street Address 2 College Street			Street Address		
^{City} Providence	State RI	^{Zip} 02903	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authonzed Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative			ol II I	Date	
Gloria-Jean Masciarotte			344	6/22/24	
Signature of Officer/Authorized Representative FILED					
9 MADGACTE					

MAIL TO Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov



State of Rhode Island

Department of State - Business Services Division

The Department of State tracks the number of new business filings on a quarterly and an annual basis.

We are seeking more information from non-profit corporations and hope these four voluntary questions will help us better present useful trends and information on the health of our economy:

Entity ID Number:	Name of the Non- Profit Corporation:				
001746245	Rhode Island School of Design Part-Time Faculty Association				
How many full-time employees does the non-profit have:					
0					
2. How many volunteers does to	ne non-profit nave:				
0 1-5 6-50 51-200 201-500 Over 500 3. What was the non-profit's open	erating budget for the past year:				
\$51,000-\$250,000	₹ \$51,000-\$250,000				
\$251,000-\$500,000					
\$501,000-\$1,000,000					
Over \$1,000,000					
Identify the funding sources that contributed to the non-profit's operating budget for the past year:					
Federal Grants State Grants Donations Fee-for-service Fundraising	•				

Please note that all records maintained by or kept on file by the Department of State shall be public records unless exempt from disclosure in accordance with RIGL 38-2 Access to Public Records.

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